



THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

www.tbdssab.ca

SERVICE SYSTEM PLANNING DIVISION
The District of Thunder Bay Social
Services Administration Board
(Also known as TBDSSAB)
c/o 34 North Cumberland Street, 4th Floor
Thunder Bay ON P7A 8B9
Tel: 807-766-2104 / Fax: 807-345-6146

2012 Community Social Reinvestment Fund Application

A) Organization Contact Information			
Name of Organization			
Address			
City			
Province		Postal Code	
Telephone		Fax	
Email			
Website			

B) Primary Contact Information			
Contact Name			
Address			
City			
Province		Postal Code	
Telephone		Fax	
Email			

C) Status of Organization			
1. Do you operate on a non-profit basis?		Yes	No
2. If yes, are you an incorporated non-profit?		Yes	No
3. Are you a registered Charity?		Yes	No
4. If yes, what is your charitable number?			

D) Mandate of Organization	
1. Please provide a statement of your organization's mandate.	

2. What is your service area?
3. What population is served by your organization?
4. Please provide a brief history of your organization.
5. Please list any formal affiliations or memberships with other organizations/bodies.

E) Governance		
1. Do you have a Board of Directors?	Yes	No
If yes, please list the current Board members and describe the governance structure of your organization. For example, how your Board is elected, their term, the scope of the Board etc.		

If no, how is your organization governed?

F) Proposed Initiative

1. Please describe what you are proposing to do.

2. Why do you feel this initiative is needed right now?

3. What is the objective evidence that there is a need for this initiative? (stats, reports, studies, etc.)
Please attach supporting documents if available.

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4. What is the timeline for the initiative?

Start Date:	_____	End Date:	_____	Ongoing:	
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5. How is this initiative different from other services available in the community?

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6. Please describe how the initiative addresses the needs of children (17 years or younger) in low-income families.

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7. Please check off which priorities this initiative addresses (check all that apply):	
Food Security	School Readiness
Shelter Security/Homelessness Prevention	Employment Supports
Developmental/Recreational Programs	Community Capacity Building
8. Describe any partnerships that will be a part of this initiative.	

G) Ability to Carry Out Proposed Initiative

1. Please discuss your experience with operating projects of similar size and scope.

2. Please identify any staffing/volunteer resources supporting your organization.	
Total Number of Full-Time Staff:	
Part-Time Staff:	
Casual Staff:	
Total Number of Full-Time Volunteers:	
Part-Time Volunteers:	
Casual Volunteers:	

H) Financial Assistance Required:

1. I have attached: A detailed budget for the proposed initiative Most recent audited financial statements (if applicable)		
2. Has your organization received funding from TBDSSAB previously?	Yes	No
3. If the organization has an operating surplus or significant cash balance, why and what is it used for?		
4. What is the source of your core funding?		
5. Please indicate the number of years you are requesting funding:		
One Year (2012 only)	Two Years (2012 – 2013)	Three Years (2012 – 2014)

By signing below, I confirm that the information contained in this application and the accompanying documents are true, accurate and complete, adheres to the established terms and conditions, and is endorsed by the organization which I represent. I have the authority to bind the organization.

Signature: _____
 Name & Title: _____
 Date: _____